

**Workforce Investment Act Eligible Training Program****Provider Name:** Coastal Career Academy**Contract #:** 4050-76**Address:**

288 Plymouth Ave

Fall River, MA 02721

Address if program is held at a another site:**Program Name:** Medical Billing & Coding Specialist

Office use only: ONET CODE 29-2071

CONTACT INFORMATION

Program Contact Person:

Debra Gomes/Tammy Latour

Phone: 508-536-5366

Email: coastalcareer@comcast.net

Fax:

508-762-1470

Website:

coastalcareeracademy.com

Course Outline/Topics to be Covered

Students receive 480 hours of Medical Billing & Coding class hours including 160 hours of internship. Classes include Computer skills/Office Skills (fax, copy, typing). They will get knowledge of electronic medical records software. Also research, and the ability to do claims. Students will receive certificates of completion as a Medical Billing & Coding Specialist and certificates of completion in Medical Terminology, and Anatomy & Physiology. Once student has completed all programs they will test for the (NHA National Healthcare Association).

Required academic grade levels to enter program

Reading Grade Level 7

Math Grade Level 7

English Proficiency Must be able to speak/ read and comprehend spoken English

Required to enter training program

Physical	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccinations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Drug test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
BCI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
License	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other : High school diploma/GED		

MAY be required for employment

Physical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vaccinations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Drug test	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
BCI	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Certification	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
License	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Experience	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other :		

Participants will be qualified to seek employment in the following occupations:

1) Billing & Coder

2) _____

3) _____

4) _____

Is this program Pell grant eligible?☐ Yes☒ No**PROGRAM COSTS:****TUITION INCLUDES:**

Tuition	\$3,697.00
Fees	\$50.00
Books	\$303.00
Licensing	
Certificate fees	\$105.00
Other, provide explanation	
Uniforms	\$100.00

Total Tuition Cost \$4,255.00**These are expenses that MAY be reimbursed after successful completion of training.**

Please indicate Yes, No or enter the amount

	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Licensing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Tools	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Uniforms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Travel	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Miscellaneous*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

* Bci Check

Total \$0.00**Participant is responsible for :**

Prerequisites	_____
Memberships	_____

Cost above tuition cap \$0.00**Expenses that MAY be reimbursed \$0.00****Total \$0.00****Maximum ITA Responsibility (Max. \$5500)****\$4,255.00****PROGRAM LENGTH**Weeks and Hours
and**Additional Information****Class hours Monday-Thursday 9am-2pm****480 class hours 160 externship hours 24 weeks****What type of certificate will be awarded and by whom?****NHA(National Healthcare Association) Certification**